

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mug</i>		3/14/00
O.I.P.E. CLASSIFIER			5/3/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	59573		4-7-00
	59573		10-6-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 + Restricted 0 Objected

Claim	Date
Final	
Original	
1	3/14/00
2	✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
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12	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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Best Available Copy